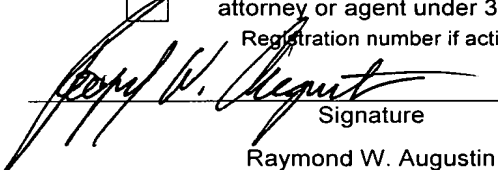
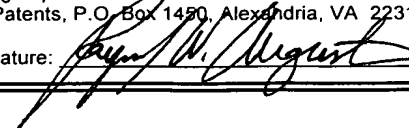


|   |                                  |  |                         |
|---|----------------------------------|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |                                  | Docket Number (Optional)<br><b>OSTEONICS 3.0-322</b> |                         |
| Application Number<br><b>10/007,130</b>   |                                  | Filed<br><b>November 5, 2001</b>                     |                         |
| For <b>HANDLING DEVICE FOR ACETABULAR BEARING LINER</b>   |                                  |  |                         |
| Art Unit<br><b>3731</b>   |                                  | Examiner<br><b>D. J. Davis</b>                       |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                  |  |                         |
|   |                                  | <u>Fee</u>   | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))    | \$120  | \$60 \$ 120.00          |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$450  | \$225 \$                |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3)) | \$1020   | \$510 \$                |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1590   | \$795 \$                |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2160   | \$1080 \$               |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |  |                         |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |  |                         |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |  |                         |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                  |  |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-1095</u> . I have enclosed a duplicate copy of this sheet.                     |                                  |  |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |  |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |  |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>28,588</u>  |                                  |  |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |                                  |  |                         |
|    |                                  | <u>January 21, 2005</u>                              |                         |
| Signature   |                                  | Date   |                         |
| <u>Raymond W. Augustin</u>  |                                  | <u>(908) 518-6318</u>                                |                         |
| Typed or printed name   |                                  | Telephone Number                                     |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                                  |  |                         |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |                                  |  |                         |

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| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. |   |
| Dated: January 21, 2005  | Signature:  (Raymond W. Augustin) |